

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Insurance Association Political Action Committee

ADDRESS (number and street) ▼

2101 L Street, NW

Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00103143

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election  
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

☐ POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Leigh Ann Pusey

Signature of Treasurer

Mrs. Leigh Ann Pusey

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		35260.62
(b) Cash on Hand at Beginning of Reporting Period.....	58400.45	
(c) Total Receipts (from Line 19) .....	8175.69	72967.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66576.14	108227.97
7. Total Disbursements (from Line 31) .....	5030.06	46681.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61546.08	61546.08
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2015

To:

M M / D D / Y Y Y Y Y  
07 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

604.25

41890.43

(ii) Unitemized .....

66.43

1556.42

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

670.68

43446.85

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

7500.00

29500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

8170.68

72946.85

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

5.01

20.50

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

8175.69

72967.35

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

8175.69

72967.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	30.06	181.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30.06	181.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	46500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5030.06	46681.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5030.06	46681.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8170.68	72946.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8170.68	72946.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	30.06	181.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	30.06	181.89

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 10  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Insurance Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fred Bosse**

Mailing Address 28224 Equestrian

City	State	Zip Code
Fair Oaks Ranch	TX	78015-4655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Insurance AssociationOccupation  
Vice President, Southwest Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 531F89378BFD48BC8810**

Amount of Each Receipt this Period

39.40

Full Name (Last, First, Middle Initial)

**B. Fred Bosse**

Mailing Address 28224 Equestrian

City	State	Zip Code
Fair Oaks Ranch	TX	78015-4655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Insurance AssociationOccupation  
Vice President, Southwest Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 8194DA35E0464E9889EA**

Amount of Each Receipt this Period

39.40

Full Name (Last, First, Middle Initial)

**c. Leigh Ann Pusey**

Mailing Address 1119 Alexandria Ave

City	State	Zip Code
Alexandria	VA	22308-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Insurance AssociationOccupation  
Senior Vice President - Federal Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 383A092D50EE41C19CD0**

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

271.10

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Leigh Ann Pusey**

Mailing Address 1119 Alexandria Ave

City State Zip Code  
 Alexandria VA 22308-1015

FEC ID number of contributing federal political committee.

C

Name of Employer

American Insurance Association

Occupation

Senior Vice President - Federal Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

Transaction ID : 33E08D4962F44CB2AB13

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Willem Rijkssen**Mailing Address 2101 L St NW  
Ste 400

City State Zip Code  
 Washington DC 20037-1542

FEC ID number of contributing federal political committee.

C

Name of Employer

American Insurance Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

Transaction ID : 8A339052E2FF4217A1B9

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Willem Rijkssen**Mailing Address 2101 L St NW  
Ste 400

City State Zip Code  
 Washington DC 20037-1542

FEC ID number of contributing federal political committee.

C

Name of Employer

American Insurance Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

Transaction ID : BE92759A0ABF4F8DA3A6

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

269.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Insurance Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Suchil**

Mailing Address 3050 Bastone Ct

City

West Sacramento

State

CA

Zip Code

95691-5186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Insurance Association

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : 0A29B90A958B4A87B7AE

Amount of Each Receipt this Period

13.93

Full Name (Last, First, Middle Initial)

**B. J. Stephen Zielezienski**

Mailing Address 10514 James Wren Way

City

Fairfax

State

VA

Zip Code

22030-8119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Insurance Association

Occupation

Sr. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : D380552D8F594886AAF4

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. J. Stephen Zielezienski**

Mailing Address 10514 James Wren Way

City

Fairfax

State

VA

Zip Code

22030-8119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Insurance Association

Occupation

Sr. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : 88371DAAAC314C8F848E

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.93

TOTAL This Period (last page this line number only)..... ►

604.25



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 10  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Farmers Group, Inc., Farmers Insurance Exchange, Fire Insurance Exchange and Truck Insurance Exchange

Mailing Address 2350 Kerner Blvd., Suite 250

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing  
federal political committee.

C C00135681

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 01 2015

Transaction ID : 59E08A5A15624C428FDC

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. W. R. Berkley Corporation Political Action Committee

Mailing Address 475 Steamboat Road  
4th Floor

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing  
federal political committee.

C C00383307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 01 2015

Transaction ID : DABB8F6E5E0644BB82E0

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Insurance Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Kelly Ayotte Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Mailing Address PO Box 937

City	State	Zip Code
Manchester	NH	03105-0937

**Transaction ID : B916E0C898157C2A6C8**Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Kelly Ann Ayotte**Category/  
Type

2000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District:

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Mailing Address PO Box 2594

City	State	Zip Code
Chicago	IL	60690

**Transaction ID : 0A95A0AAC0B1BC52814**Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Mark Steven Kirk**Category/  
Type

2000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Full Name (Last, First, Middle Initial)

**C. Vargas for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Mailing Address 330 Encinitas Blvd

City	State	Zip Code
Encinitas	CA	92024-8705

**Transaction ID : A0FF36B6A9905336EDC**Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

**Juan Carlos Vargas**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 51

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00